

**Return Copy to:** Bank of America Government Card Services Unit

P.O. Box 1637 Norfolk, VA 23501-1637

Norfolk, VA 23501-1637 Facsimile: 757.624.6149 Toll Free Fax: 877.248.4104

## **Point of Contact Information**

Use this form to update point of contact information and/or establish EAGLS access for Agency/Organization Program Coordinators (A/OPCs), Transaction Dispute Offices (TDOs), Designated Billing Offices (DBOs) / Payment Offices, and EC/EDI coordinators. To delete EAGLS access, please use the EAGLS Access Application Form. Questions? Call GCSU toll-free (1.800.472.1424) from the US and Canada or, if dialing from international locations, call collect (1.757.441.4124)

			and Canada o	r, if dialing from	international I	ocations, call co	llect (1.757.44	1.4124).	nom the os	
	Add Modify			dify				Delete		
Hierarchy Level	Please list unit r	name and the se	ven (7) digit nun	mber associated	with each leve	I of the organiza	ation's hierarchy	y (up to eight le	vels).	
Hierarchical Uni	t Name	HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	
Responsibility:										
A/OPC *	TDO			D	BO/Paymo	ent Office		EC/EDI		
*If A/OPC, check of Primary	ne: Alternate									
Central Account Num Agency/Organization										
Contact Name:										
Mailing Address:				Cit	y:					
					ate/Provinc					
0				Zip	/Postal Co	de:				
Country: Business Telephone: E-mail Address:	(Include Are	a or Country (	Code)	Fa	csimile: (	include Area o	r Country Coo	de)		
Add as EAGLS User?			Yes	1	No					
Authorized Official:	Name (Plea	se print)			usiness Tele Commercial A ode)	ephone: ccess Number	Required; Inc	lude Area or	Country	
Authorized Official:	Title (Please	print)			- ~ <b>-/</b>					
Authorized Official:	Signature			D	ate:					

Form: S06A0399 Revised: 05/17/99

## **Instructions for Point of Contact Information Form**

Purpose	Use this form to establish primary contacts for your Agency or to update primary contact information for the following: A/OPC, TDO, DBO / Payment Office, and EC/EDI.
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## Instructions Print or type all information and return or fax to the address or number listed below: Bank of America Attn: GCSU P. O. Box 1637 Norfolk, VA 23501-1637 Fax: 757.624.6149 Toll Free Fax: 877.248.4104

## Field Descriptions of form elements

Hierarchy Level - Enter hierarchy levels to which the Point Of Contact (POC) will be associated.

**Hierarchical Unit Name** – Enter name of hierarchy unit to which the Point Of Contact (POC) will be associated.

**HL Number (HL1 – HL8) – Hierarchy Level Number** - Enter 7-digit hierarchy level number assigned to each unit of the organization.

**Responsibility** – Check position or capacity the POC will have.

**A/OPC** – (Agency/Organization Program Coordinator) - Handles day to day operations of the GSA Smart Pay program for the agency/organization.

TDO – (Transaction Dispute Office) - Handles tracking or reconciling transaction disputes.

**DBO** (Designated Billing Office) / **Payment Office** — Reconciles account billing. Identifies an agency's payment office/central office or headquarters.

**EC/EDI** – (Electronic Commerce/Electronic Data Interchange contact) - Supports electronic commerce.

**If A/OPC**, **check one**: **Primary or Alternate** – Check if A/OPC information is for primary or alternate A/OPC.

**Central Account Number** – Enter 16-digit number of the central account which the POC will be associated.

**Agency/Organization Name** – Enter POC's agency name.

Contact Name - Enter POC's name.

Mailing Address, City, State/Province, Zip/Postal Code, and Country – Enter POC's work address.

**Business Telephone** - Enter POC's commercial work telephone number.

Facsimile - Enter POC's fax number.

Email Address - Enter POC's email address

Add as EAGLS User? - Check if POC will need EAGLS access.

Authorized Official - Print name and title of officer authorized to submit POC information.

Business Telephone - Enter Authorized Official's commercial work telephone number.

Authorized Official Signature - Signature of Authorized Official.

Date - Enter date form is signed.

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